United Nations A/53/354

General Assembly

Distr.: General
10 September 1998

Original: English

Fifty-third session
Agenda item 106 of the provisional agenda*
Advancement of women

Traditional or customary practices affecting the health of women

Report of the Secretary-General

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98-26483 (E) 051098

I. Introduction

1. In resolution 52/99 of 12 December 1997 on traditional or customary practices affecting the health of women and girls, the General Assembly recalled previous resolutions and decisions that had been adopted by it, the Commission on Human Rights and the Subcommission on Prevention of Discrimination and Protection of Minorities and the relevant reports of the Special Rapporteur of the Subcommission on Prevention of Discrimination and Protection of Minorities and of the Special Rapporteur of the Commission on Human Rights on violence against women. It also recalled the seminars on traditional practices affecting the health of women and children in Burkina Faso in 1991 and Sri Lanka 1994, the pronouncements of various recent world conferences with respect to traditional or customary practices affecting the health of women and girls, the Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children, the Convention on the Elimination of All Forms of Discrimination against Women, general recommendation 14 of the Committee on the Elimination of Discrimination against Women, the Convention on the Rights of the Child, and the work of the Inter-African Committee on Traditional Practices affecting the Health of Women and Girls (IAC).

2. Reaffirming that such practices constitute "a definite form of violence against women and girls and a serious form of violation of their human rights" and expressing concern at "the continuing large-scale existence of such practices", the Assembly welcomed the ongoing efforts by Member States, the United Nations system and non-governmental and community organizations to eliminate such practices and to raise awareness of them.

3. The Assembly invited the Commission on the Status of Women to address the issue of harmful traditional or customary practices during its review of the critical areas of concern – namely, "Violence against women", "The girl child" and "Human rights of women" at its forty-second session, in 1998, and "Women and health" at its forty-third session, in 1999. The Commission on Human Rights was also invited to take up the issue at its fifty-fourth session, in 1998.

4. The Assembly called on States to implement their international commitments under the Vienna Declaration and Programme of Action,[1] the Beijing Declaration[2] and Platform for Action,[3] the Programme of Action of the International Conference on Population and Development[4] and the Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children.[5] They were also called on to ratify human rights treaties, including the Conventions on the Elimination of All Forms of Discrimination against Women[6] and the Rights of the Child,[7] implement their obligations under those treaties, and include specific information on measures taken to eliminate traditional or customary practices harmful to the health of women and girls in their reports to the Committees established under those instruments. Recommendations concerning awareness-raising, education, information dissemination, training and the development and implementation of national legislation and policies were also made. States were called on to cooperate closely with the Special Rapporteur of the Subcommission on Prevention of Discrimination and Protection of Minorities on traditional practices affecting the health of women and children and to submit information on such practices, with a view to enabling her to assess the progress and obstacles encountered in applying the Plan of Action for the Elimination of Harmful Traditional Practices.[8] Cooperation with relevant United Nations entities, including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Office of the United Nations High Commissioner for Human Rights (OHCHR), and with non-governmental and community organizations was also advocated. The Assembly requested the Secretary-General to report to it at its fifty-second session on the implementation of the resolution.

5. The present report describes steps that have been taken to implement the resolution, which is the first adopted by the General Assembly to address traditional or customary practices affecting the health of women and girls since 1954. In that year it had adopted resolution 843 (IX) on the status of women in private law: customs, ancient laws and practices affecting the human dignity of women. The present report, which is the first report to be submitted by the Secretary-General to the General Assembly on the subject, is based on information from studies and reports of the bodies of the United Nations, and on documents prepared by Member States and organizations of civil society. Emphasizing more recent relevant activities, the report provides an overview of steps that have been taken by the United Nations system to help eliminate traditional or customary practices that are harmful to women and girls and to raise awareness of the issue. Recent actions of Member States and non-governmental and community organizations are also examined, and recommendations are made to Governments, the United Nations system and non-governmental and community organizations.

II. An overview of action taken by the United Nations system

6. Harmful traditional practices affecting the health and well-being of women and girls have been addressed since the 1950s by several intergovernmental bodies of the United Nations. The Commission on the Status of Women considered customary laws and practices harmful to the health of women during the 1950s, and in 1952, the Economic and Social Council, acting on a recommendation of the Commission on the Status of Women, called on Member States to "take immediately all necessary steps with a view to abolishing progressively all customs which violate the physical integrity of women, and which thereby violate the dignity and worth of the human person as proclaimed in the Charter and in the Universal Declaration of Human Rights".[9]

7. More sustained attention and consideration was directed at the issue during the 1970s and 1980s: the 1975 World Health Assembly discussed the subject, and a seminar on traditional practices affecting the health of women and children was convened by WHO in Khartoum in 1979. The recommendations of the seminar[10] suggested, *inter alia*, that Governments should establish national commissions to coordinate activities directed at eradicating female circumcision and should intensify education in that regard. Research undertaken within the framework of the Subcommission on Prevention of Discrimination and Protection of Minorities, WHO and other United Nations bodies during the 1980s provided the background to growing opinion that harmful traditional practices, including female genital mutilation, constituted forms of violence against women as well as of human rights issues and could not be justified on grounds of tradition or culture.

8. More recently, harmful traditional practices, including female genital mutilation, have been brought to the attention of the international community through the efforts of the United Nations, its specialized agencies, funds and programmes, and civil society, including non-governmental organizations and the media. Information on the harmful effects of certain traditional or customary practices, which are now recognized as issues relating to the status and human rights of women and the girl child, has also been made available. In April 1997, WHO, UNICEF and UNFPA issued a joint statement on female genital mutilation. The statement expressed the common purpose of the three organizations in supporting the efforts of Governments and communities to promote and protect the health and development of women and children and stressed their complementary strengths in and focus on strategies to eliminate female genital mutilation.

A. United Nations global conferences

9. Traditional practices harmful to women and the girl child were addressed within the context of a number of United Nations world conferences which took place during this decade. The Vienna Declaration and the Programme of Action, adopted at the 1993 World Conference on Human Rights,[11] expanded the international human rights agenda to include gender-based violence, including harmful traditional practices. The Conference report recognized that "gender-based violence and all forms of sexual harassment and exploitation, including those resulting from cultural prejudice, are incompatible with the dignity and worth of the human person and must be eliminated"[12] and stressed the importance of working towards the eradication of harmful traditional or customary practices, and urged Governments to take effective measures to combat, *inter alia*, female infanticide.[13]

10. The Beijing Declaration[14] and Platform for Action,[15] adopted by the Fourth World Conference on Women in 1995, addressed the issue of harmful traditional practices within several of the critical areas of concern. Consistent with the Declaration on the Elimination of Violence against Women,[16] adopted by the General Assembly in 1993, it defined violence against women to include dowry-related violence, female genital mutilation and other traditional practices harmful to women[17] and also included female infanticide and prenatal sex selection as acts of violence against women. The harmful effects of certain traditional and customary practices on women and the girl child were emphasized, and Governments were requested to take legal measures to eliminate "practices and acts of violence against women such as female genital mutilation, female infanticide, prenatal sex selection and dowry-related violence".[18]

11. The specific effects of certain traditional practices on the girl child are also addressed, with the Platform suggesting that among the reasons men outnumber women in certain areas of the world are harmful attitudes and practices, such as female genital mutilation, son preference (which results in female infanticide and prenatal sex selection), early and child marriage and discrimination against girls in the allocation of food.[19] In this context, the Platform makes concrete suggestions to Governments of actions to eliminate negative cultural attitudes and practices against girls.[20]

12. The Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD)[21] urged Governments to take steps to eradicate the practice of female genital mutilation and to protect women and girls from such unnecessary and dangerous practices.[22]

B. Human rights treaty bodies

13. A number of the bodies established under United Nations human rights treaties have addressed traditional practices affecting the health of women and girls in their consideration of States parties reports, their concluding comments, or observations on those reports and their general recommendations or comments.

14. The Committee on the Elimination of Discrimination against Women, established under the 1979 Convention on the Elimination of All Forms of Discrimination against Women,[23] pays particular attention to the measures taken by Governments to eliminate prejudices and discriminatory practices that are rooted in the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women. Although information contained in States parties' reports with regard to traditional or customary practices affecting women and girls has not been extensive, where States parties appear to have such practices, specific recommendations to eliminate them are made by the Committee in its concluding comments. For example, reference is made to harmful traditional practices in the concluding comments relating to Senegal,[24] Uganda,[25] Ethiopia,[26] Zimbabwe,[27] South Africa,[28] United Republic of Tanzania[29] and Nigeria.[30] In these comments the Committee has expressed its dismay at the persistence of certain discriminatory practices, including, *inter alia*, female circumcision, polygamy, *lobola* (bride price), witch burning, food taboos, inhumane rites undergone by widows, one-sided repudiation, and unequal subsistence rights and shares. The Committee has condemned such practices as gravely offending the dignity of women, impeding the advancement of women, and affecting the health of future generations. The Committee has also made reference to the particular vulnerability of rural women to these practices. Recommendations to States parties have included the organization of public information campaigns on this issue, the strengthening of existing programmes to combat traditional practices, and the review of family and customary laws with a view to eliminating customary laws and practices that impede gender equality and the empowerment of women. In the context of female genital mutilation, the Committee has recommended that assistance should be given to those who perform female genital mutilation to gain other sources of income.

15. In addition, at its ninth session in 1990,[31] the Committee adopted general recommendation 14 on female circumcision, in which it expressed concern about the "continuation of the practice of female circumcision and other traditional practices harmful to the health of women", and recommended that States parties "take appropriate and effective measures with a view to eradicating the practice of female circumcision", including collection and dissemination of data, provision of support to concerned women's organizations, organization of awareness-raising campaigns, incorporation of measures in public health-care policies and coordination with the United Nations system. General recommendation 19, concluded at the Committee's eleventh session in 1992,[32] concerning violence against women addressed, *inter alia*, forced marriage, dowry death, acid attacks and female circumcision. Traditional practices, include dietary restrictions for pregnant women, preference for male children and female genital mutilation, perpetuated by culture and tradition, were also recognized as potentially harmful to the health of women and children. In general recommendation 21,[33] concerning equality in marriage and family relations, the Committee also identified early marriage and motherhood as factors that can adversely affect the health of women and girls. The Committee is currently preparing a general recommendation on article 12 of the Convention (women and health), and it is expected that the recommendation will address the issue of female genital mutilation.

16. States parties to the Convention on the Rights of the Child[34] are obliged to "take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children",[35] and to protect children from injury, violence, abuse and maltreatment.

17. In its review of States parties' reports, the Committee on the Rights of the Child has frequently considered the issue of traditional practices. For example, in its consideration of the initial report of Ethiopia,[36] the Committee welcomed the establishment of the National Committee on Traditional Practices in Ethiopia to develop information and sensitization campaigns on all forms of harmful traditional practices affecting the health of women and children, but expressed concern at prevailing traditional practices and customs that hamper the implementation of the provisions of the Convention. The Committee encouraged the Government to continue its efforts to promote awareness and understanding of the principles and provisions of the Convention which it considered would contribute to the abolition of traditional practices, such as female genital

mutilation and early marriages, prejudicial to the health and well-being of children.

18. At its fifteenth session,[37] the Committee repeatedly expressed its deep concern at certain prejudicial traditional practices and customs harmful to the girl child, including early marriage, teenage pregnancy, dowry (in relation to Bangladesh), *trokosi* (ritual enslavement of girls which is practised in Ghana) and female genital mutilation, noting that such practices resulted in the deprivation of girls' rights to survival, health, nutrition and education. Concluding observations adopted at the fifteenth session raised the question of such practices with respect to Bangladesh, Ghana, Togo and Uganda, and recommended, *inter alia*, public campaigns to raise awareness and change the prevailing attitudes which allowed such practices to persist and the revision of legal measures.

19. At its sixty-first session, the Human Rights Committee, which monitors implementation of the International Covenant on Civil and Political Rights[38] noted, in its concluding observations relating to India's third periodic report,[39] the persistence of traditional practices and customs which was leading to women and girls being deprived of their rights, human dignity and lives, and impeding implementation of the Covenant. The Committee further pointed out that the existing legislative measures to outlaw child marriages, dowry and dowry-related violence and *sati* (self-immolation of widows) were not sufficient and expressed its concern at practices, including son preference, sex selective abortion, female infanticide, *devadasi* (where young girls are pledged for life to temples at an early age by parents in return for heavenly favours) and rape in marriage. The Committee's concluding observations on the fourth periodic report of Senegal[40] also referred to polygamy and female genital mutilation as practices deriving from traditional cultural attitudes. It also noted that female genital mutilation and early child birth contributed to the high rate of maternal mortality. The relationship between the high maternal mortality rate and early marriage and female genital mutilation was also raised in the Committee's concluding observations with regard to Sudan's second periodic report[41] where the Committee also raised concerns about the life-long negative impact of female genital mutilation on the girl child. The Committee's concluding observations on the initial report of Zimbabwe[42] also raised concerns about continued practices of *kuzvarita* (pledging of girls for economic gain), *kuripa ngozi* (appeasement to the spirits of a murdered person), *lobola* (bride price), female genital mutilation and early marriage.

C. Special Rapporteur on violence against women

20. The preliminary report submitted by the Special Rapporteur of the Commission on Human Rights on violence against women, Ms. Rhadika Coomeraswamy, to the Commission on Human Rights at its fiftieth session,[43] emphasized that traditional practices, including female genital mutilation, foot binding, male preference, gender difference in nutrition, early marriage, virginity tests, dowry deaths, widow burning, *sati* (self-immolation of widows), female infanticide and malnutrition, violated a woman's human rights. The report stated that "blind adherence to these practices and State inaction with regard to these customs and traditions have made possible large-scale violence against women",[44] and that "traditional practices should be construed as a definite form of violence against women which cannot be overlooked nor be justified on the grounds of tradition, culture or social conformity".[45] In her second report,[46] submitted to the Commission at its fifty-second session, the Special Rapporteur indicated that societal attitudes that suggested that girl children were a social and economic burden contributed to the incidence of harmful traditional or customary practices. She pointed out[47] that many international human rights instruments called on States to refrain from invoking any custom, tradition or religious consideration to avoid their obligation with respect to the elimination of all forms of violence against women, and suggested that Governments follow the recommendations contained in the Platform for Action adopted by the Fourth World Conference on Women.

D. Subcommission on Prevention of Discrimination and Protection of Minorities

21. The subject of traditional practices has been a concern of the Subcommission on Prevention of Discrimination and Protection of Minorities for almost 20 years. A 1983 recommendation of the Subcommission[48] led to the establishment of the Working Group on Traditional Practices Affecting the Health of Women and Children, composed of experts designated by the Subcommission, UNICEF, WHO, and UNESCO and of representatives of concerned non-governmental organizations. The report of the Working Group was submitted to the Commission on Human Rights at its forty-second session, in 1986.[49]

22. Pursuant to Subcommission resolutions 1989/16 and 1991/23, two regional seminars were held in Burkina Faso[50]

and Sri Lanka[51] to assess the human rights implications of certain traditional practices affecting the health of women and children. Further, in 1994, the Subcommission adopted the Plan of Action for the Elimination of Harmful Traditional Practices affecting the Health of Women and Children[52] which is based on the deliberations of the two regional seminars held in Burkina Faso and Sri Lanka, with a view to proposing the introduction of concrete and positive changes to redress the situation at the national and international levels.

Special Rapporteur on traditional practices affecting the health of women and children

23. In resolution 1988/57 the Commission on Human Rights requested the Subcommission on Prevention of Discrimination and Protection of Minorities to consider measures to be taken at the national and international levels to eliminate traditional practices and to report to it on the subject. Ms. Halima Warzazi was appointed by the Subcommission as the Special Rapporteur to study developments relating to traditional practices affecting the health of women and children. Her preliminary report,[53] which included assessments of traditional practices throughout the world, was submitted to the Subcommission at its forty-seventh session. It reflected, *inter alia*, the conclusions and recommendations of the two regional seminars in Burkina Faso and Sri Lanka. The final report[54] of the Special Rapporteur, submitted to the Subcommission at its forty-eighth session, examined the implementation of the Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children,[55] and the outcome of the two regional seminars in Burkina Faso and Sri Lanka.

24. The follow-up report[56] of the Special Rapporteur noted the observations and commitments by Governments in regard to the implementation of the Plan of Action. The Special Rapporteur submitted a further report[57] to the Subcommission at its fiftieth session. On the basis of that report and relevant discussions, the Subcommission adopted resolution 1998/30 in which it highlights the need for enhanced cooperation on the part of all actors to ensure dissemination of the special rapporteurs to a wider audience and appeals to the States concerned to intensify efforts to develop awareness of and mobilize international public opinion concerning the harmful effects of female genital mutilation, in particular through education, information and training. It also appeals to the international community to provide material, technical and financial support to the non-governmental organizations and groups working to achieve elimination of female genital mutilation and invites intergovernmental organizations to continue activities aimed at supporting and strengthening the efforts being made by national and local organizations. The Subcommission recommends that the mandate of the Special Rapporteur be extended and that the High Commissioner recognize the issue of traditional practices affecting the health of women and children.

E. Commission on the Status of Women

25. At its forty-second session in 1998, the Commission on the Status of Women adopted agreed conclusions relating to four of the critical areas of concern identified in the Platform for Action.[58] Specific recommendations with regard to traditional and customary practices affecting the health of women and girls were made in its agreed conclusion on violence against women,[59] where violence was defined to include harmful traditional practices against women. The agreed conclusion on human rights of women[60] recommended that Governments, non-governmental organizations and other actors of civil society take necessary action to eradicate customary or traditional practices, particularly female genital mutilation, that were harmful to, or discriminatory against, women and girls, and that were violations of human rights of women and girls. Son preference was specifically addressed in its agreed conclusion on the girl child,[61] and non-discriminatory treatment of girls and boys in the family, community and schools was advocated. Governments, civil society actors and the United Nations system were also urged to take appropriate actions, including legislation to "eradicate all customary or traditional practices, particularly female genital mutilation, that are harmful to or discriminate against women and girls and that are violations of women's human rights and obstacles to the full enjoyment by women of their human rights and fundamental freedoms" and recommended the development of programmes to help victims of such practices to overcome their trauma.

F. Regional commissions

26. In 1997, the African Centre for Women of the Economic Commission for Africa (ECA) published a paper entitled "Traditional and cultural practices harmful to the girl child: a cross-sectional review",[62] which examines causes and consequences of, *inter alia*, forced feeding and nutritional taboos, early marriage and female genital mutilation, emphasizing the need to change cultural and societal attitudes and behaviour in eradicating such

practices. Also in 1997, the Division for the Advancement of Women, ECA, UNFPA and UNICEF co-hosted an expert group meeting on adolescent girls and their rights which made several recommendations relating to traditional and cultural practices.[63] ECA has also been closely involved in the work of the Organization of African Unity (OAU) and the Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children in their efforts to combat such harmful practices.

G. United Nations specialized agencies, funds and programmes

27. A number of the specialized agencies, funds and programmes of the United Nations has been involved in efforts to address traditional and customary practices affecting the health of women and girls. The landmark joint UNFPA/WHO/UNICEF statement on female genital mutilation, issued in 1997, is described above. In addition to joint initiatives, several United Nations entities have also worked independently on the issue.

UNICEF

28. UNICEF has addressed issues such as female genital mutilation, female infanticide, selective abortion, *devi* and *devadasi* in India and Nepal, early marriage, food taboos and other traditional harmful practices. Efforts have included collaboration with other United Nations entities, including WHO and UNFPA. In 1980, at a joint consultation with WHO and UNFPA, for example, UNICEF expressed concern about female genital mutilation. UNICEF has also supported the Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children and collaborated with national technical institutions, donors, non-governmental organizations and other actors of civil society in community-based actions, research, advocacy, consultations and conferences. Initiatives have included sensitization campaigns to change prevailing negative attitudes towards women and the girl child, such as those related to son preference, and strategies to address female genital mutilation in the health sector and at the intersectoral level.

29. UNICEF issued an executive directive on female genital mutilation in October 1994,[64] which condemned the practice, as it "has negative impact on girls' and women's morbidity and mortality" and violates their human rights, and provided guidelines for action. In 1995, UNICEF developed a strategic framework and programming guidelines to eliminate female genital mutilation,[65] setting out measures to be introduced at the operational level through UNICEF's country programmes. UNICEF has adopted a comprehensive regional strategy to eradicate female genital mutilation in eastern and southern Africa, including Ethiopia, Eritrea, Kenya, Somalia and Uganda. This and other UNICEF-supported initiatives in the region, as well as those in Egypt, Sudan, Senegal, Burkina Faso, Mali and Gambia, have raised awareness and contributed to changing behaviour at the community level. Advocacy efforts have also resulted in commitments and laws to ban the practices.

30. UNICEF's approach has been to prioritize mobilizing resources for sustaining and strengthening the efforts of its regional and country offices. It has also supported non-governmental organization alliances. Most recently, efforts have focused on the synthesis and analysis of experience and the production of materials for education and behaviour change. Indicators are also being developed, and regional and country-level initiatives are being evaluated. UNICEF plans to review global experience in this regard, in collaboration with WHO and UNFPA, in late 1998.

UNFPA

31. In the preparations for and follow-up to the International Conference on Population and Development and the Fourth World Conference on Women, UNFPA committed itself to contribute to the elimination of all forms of harmful cultural, economic, social and political practices that affect the well-being and integrity of both women and men. UNFPA efforts towards the eradication of harmful traditional practices have focused on advocacy and public education, training and research. It has also supported initiatives to increase the public awareness of the adverse effects of harmful traditional practices.

32. UNFPA conducted a technical consultation[66] in 1996 on female genital mutilation in Addis Ababa, Ethiopia, which resulted in a framework for the integration of activities into three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy, at national, regional and international levels. UNFPA has supported community-based workshops designed to assist the community to examine the practice, recognize its harmful aspects, and replace it with socially relevant ceremonies. In 1998 for example, UNFPA's United Nations Population Award was awarded to the Northern Ugandan Sabiny Elders' Association which had participated in the REACH (Reproductive, Educative and Community Health) programme which had substituted gift-giving and public celebration for female genital mutilation. UNFPA has

encouraged Governments to remove administrative and political obstacles, facilitate access to all channels of public influence, such as mass media and formal and informal educational programmes, and engage in continuous collaboration and consultation with non-governmental organizations. Other strategies adopted by UNFPA include the appointment of Ms. Waris Dirie as Special Ambassador for the Elimination of Female Genital Mutilation in 1997.

WHO

33. Harmful traditional practices have been addressed by WHO since 1958, when the Economic and Social Council, in its resolution 680/BII (XXVI), mandated it to undertake a study of persistence of customs which subjected girls to ritual operations and of measures adopted or planned to end those practices. In 1982, WHO expressed its unequivocal opposition to the medicalization of traditional practices in any setting and stated that the involvement of health professionals in such practices could not be justified and would encourage the legitimization of such practices.[67] This approach was reiterated in the context of female genital mutilation during the Netherlands Consultancy for Maternal Health and Family Planning Congress on Female Circumcision in 1992.[68]

34. WHO has cooperated with the NGO Group established under the auspices of the Commission on Human Rights to coordinate the activities of non-governmental organizations in respect of the eradication of female genital mutilation. It also provided financial, technical and administrative support to a seminar on traditional practices affecting the health of women and children in Africa, organized by the NGO Group and the Government of Senegal (Dakar, Senegal, in February 1984). In various resolutions the WHO governing bodies have urged Member States to, *inter alia*, establish clear national policies to end traditional practices, including female genital mutilation, and requested WHO to strengthen its technical and other support to the countries involved. WHO's four main strategies have been to play an advocacy role, by emphasizing the importance of action against harmful traditional practices at the international, national and regional levels; to initiate and coordinate research and development activities at the country level and to monitor the progress of those activities; to support national authorities, networks, organizations and groups in developing relevant policies, strategies and programmes; and to support the training of health professionals in the prevention of traditional practices, including female genital mutilation, and the management of their health consequences.

35. WHO convened a technical working group meeting[69] on female genital mutilation in July 1995 which made recommendations to WHO on priority areas of work. In March 1997 it launched a Regional Plan of Action to Accelerate the Elimination of Female Genital Mutilation in Africa which sets out goals and targets for countries. WHO is currently preparing a comprehensive study, to be published by the end of 1998, entitled "Female genital mutilation: an overview".

UNESCO

36. As part of its activities to implement the Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children,[70] UNESCO has developed a programme to improve the biology curricula in schools, which involves the inclusion of information on the negative effects of female genital mutilation. UNESCO has also incorporated information on the specific needs of women and children in its formal and non-formal education programmes and has collected information on the impact of such educational programmes on efforts to eradicate harmful traditional practices.

UNHCR

37. In 1994, UNHCR revised its guidelines[71] on refugee children to incorporate the principles of the Convention on the Rights of the Child. The revised guidelines contain a chapter on health, which urges field staff to "give high priority to health education regarding harmful traditional practices such as FGM, and health implications on girls of early marriages and early pregnancies".[72] UNHCR has also issued a memorandum[73] for its field staff with a specific reference to dangerous traditional practices, including female genital mutilation, early childhood marriage, son preference and dowry. In addition, in its guidelines on the protection of refugee women,[74] UNHCR notes that "women may also flee their country because of severe sexual discrimination, either by official bodies or in local communities". UNHCR acknowledges, in its document entitled *Sexual Violence against Refugees: Guidelines on Prevention and Response*,[75] the statement by the Special Rapporteur on violence against women that traditional practices, including female genital mutilation, should be construed as a definite form of violence against women. UNHCR has encouraged countries to consider that persecution faced by women because of perceived transgressions of social mores should be recognized as grounds for refugee status. Furthermore, it is UNHCR's policy that female genital mutilation may be considered a form of torture.[76]

38. In its ongoing work in refugee camps, UNHCR recognizes that, while the social, cultural or religious traditions of refugee communities must be respected, attention needs to be given to certain customs that have harmful health effects, especially on women and girls, and that continue to be practised. UNHCR field staff work closely with women leaders, traditional birth attendants, religious leaders and community health workers in refugee camps to disseminate information to refugees about the physical and mental health dangers of such practices.

Trust Fund in Support of Actions to Eliminate Violence against Women

39. The Trust Fund in Support of Actions to Eliminate Violence against Women, administered by the United Nations Development Fund for Women (UNIFEM), provides assistance to non-governmental organizations that coordinate and implement projects at the national and local levels. Various project proposals relating to traditional practices, including female genital mutilation, have been submitted to the Trust Fund,[77] including a project directed at the eradication of excision in the Mopti region of Mali, to be implemented by the Association pour le progrès et la defense de droits des femmes maliennes, and on efforts to reduce the incidence of female genital mutilation through alternative coming-of-age initiation programmes, to be implemented by the Programme for Appropriate Technology in Health (PATH) in Kenya.

III. Measures taken at the national and regional levels

40. Information on measures that have been taken at the national level to address traditional practices are included in several of the national plans of action, national strategies or implementation progress reports which the Platform for Action required Governments to develop.[78] For example, Botswana's draft national plan of action[79] includes a section on the elimination of discrimination against girls in health and nutrition. Governmental, international and non-governmental organizations are to take "all the appropriate measures with a view to abolishing traditional practices prejudicial to the health of children."[80] In its plan of action, the Russian Federation states that the deterioration in food product consumption patterns gives cause for concern, in that it has negative consequences for the health of girls, pregnant woman and nursing mothers.[81] Further, Russia recognizes the need to conduct an information and education campaign designed to change traditional stereotypes based on the supremacy of one sex over the other, in order to eliminate violence against women.

41. Various other initiatives and efforts have been adopted by Governments which are not explicitly described in national plans of action. For example, the Government of India adopted the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act in September 1994 which aims to eradicate sex-selective abortion by prohibiting revelation of the sex of the foetus.[82] The Government of Denmark[83] has concluded that its Regulations Governing Asylum accommodate the grant of refugee status to women who have been subjected to gender-based persecution. It has also decided to establish a working group to launch an extensive educational campaign against female genital mutilation.

42. The Government of Gambia has proclaimed[84] that the reproductive health issue, including female genital mutilation, may be publicly discussed on national radio and television networks and that non-governmental organizations may utilize the official media to campaign about female genital mutilation. The Uganda State Minister for Gender and Community Development has announced[85] that the Government is formulating a law banning female genital mutilation throughout the country. The Council of Ministers in Togo[86] adopted a law in December 1997 banning the practice of excision. Enactment of this law requires the sanction of the National Assembly. The United Republic of Tanzania[87] has introduced a law against female genital mutilation which stipulates that any person who commits the offence of female genital mutilation is liable to imprisonment for a term of not less than 5 years and not exceeding 15 years and/or to a fine. Following a sensitization seminar, the Members of Parliament in Côte d'Ivoire[88] recognized the need to enact future legislation against the practice of female genital mutilation, and a law is expected to be proposed by the Minister of Family and the Promotion of Women to the Parliament to ban the practice.

43. China[89] committed itself to examining the situation of, and take appropriate measures against, such criminal acts as infanticide. China also forbids prenatal sex selection for non-medical purposes. Israel[90] recognizes that its country's traditional attitude of not taking equal interest in women's health and men's health may have resulted in the poorer health of women in Israel. It also recognizes that traditional religious structures have significant influence on the development of social norms and attitudes with regard to gender equality and family relations.

44. The United Kingdom[91] enacted legislation in 1985 prohibiting female circumcision. The 1989 Children Act

does not allow parents to have their daughters undergo excision outside the country unless they have the consent of the courts. *Guidelines on Gender Issues for Decision Makers*, issued by the Australian Government in 1996,[92] recognized that female genital mutilation may constitute persecution in particular circumstances.

45. Canada's Criminal Code prohibits female genital mutilation and also precludes removal of a child from Canada for the purposes of female genital mutilation. In 1993 Canada[93] granted refugee status to a Somali woman who had fled her country because she feared that her daughter would be forced to undergo genital mutilation. The Congress of the United States of America passed several legislative measures related to female genital mutilation in 1996.[94] The practice is a federal criminal offence in the United States, unless the procedure is necessary to protect a young person's health. In 1996 a woman who escaped from the practice was granted asylum by the United States.[95] Sweden gave two families residence permits on humanitarian grounds in 1997 because the female members of these families would be in danger of genital mutilation if returned to their country of origin.[96]

46. In its national plan of action for the advancement of women, Ethiopia has identified the eradication of harmful traditional practices as an area for action.[97] A study on female genital mutilation was published in Chad in August 1991 as a joint effort of the Ministry of Planning and Cooperation and UNICEF. On 28 December 1997, the highest Egyptian administrative court overturned a lower court ruling which had struck down a governmental directive banning the practice by health workers of female genital mutilation.[98]

47. Several efforts have also been undertaken by regional bodies. The South Asian Association for Regional Cooperation (SAARC) has addressed the elimination of discriminatory practices against the girl child. Commitments with regard to the eradication of harmful traditional practices were made in the Africa Declaration for Children, concluded at the Organization of African Unity (OAU) International Conference on Assistance to African Children (Dakar, Senegal, 1992). Jointly with the Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children, the Economic Commission for Africa (ECA), and a Norway-based non-governmental organization, the Norwegian Women's Front, OAU also took a part in organizing a Symposium for Legislators on the Drafting of the African Declaration on Violence Against Women Related to Traditional Practices[99] (Addis Ababa, Ethiopia, September 1997). At the Symposium, the participants from 15 African countries and the United Nations system examined the human rights perspective of harmful traditional practices, discussed the possible legislative measures to be undertaken using international conventions and treaties already signed by African Governments, and agreed on the Addis Ababa Declaration on Violence against Women. Adopted by the OAU Commission of Labour and Social Affairs in Pretoria, South Africa, in April 1998, the Declaration was then endorsed by the OAU Council of Ministers and Assembly of Heads of State and Government in Burkina Faso in June 1998.

48. Non-governmental organizations, women's groups and grass-roots organizations have also been active in the context of traditional and customary practices affecting the health of women and children. For example, the Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children has been actively involved in the eradication of harmful traditional practices, including female genital mutilation, early marriage and nutritional taboos. With its national committees in 26 countries in Africa and in close partnership with the Economic Commission for Africa (ECA) and United Nations specialized agencies, IAC has implemented programmes, including training and information campaigns, at the grass-roots level, and provided training for traditional birth attendants and for trainers, and held sensitization campaigns to raise public awareness of the harmful consequences of certain traditional practices. IAC held its fourth regional conference[100] in Dakar, Senegal, in November 1997, and a Symposium for Religious Leaders and Medical Personnel was held in July 1998 in Gambia.

49. Other non-governmental initiatives have included those of the National Association of Nigerian Nurses and Midwives (NANNM),[101] a professional association with 60,000 members which has, *inter alia*, conducted a broad-based campaign to address female genital mutilation in 11 states of Nigeria. In Uganda[102] in 1992, the Sabiny people established an Elders Association which, through education with regard to the harmful effects of female genital mutilation, has reduced the incidence of the practice in northern Uganda.[103]

50. As a result of a worldwide campaign initiated by International Needs Ghana, concerning *trokosi* tradition, according to which girls are given to a god and its proxy, a priest, as a way of appeasing the gods for crimes committed by family members, a criminal code amendment bill was introduced in January 1998 to criminalize the practice.[104] Non-governmental organizations have also worked for the release of individual *trokosi* women and girls, with the result that as many as 10 shrines have given up the *trokosi* practice entirely, freeing 436 women and girls, who were then helped

to enter school or learn vocational skills. In addition, shrines have been provided with alternative methods of income generation to support themselves without the services of *trokosi* women and girls.

IV. Conclusions

51. Traditional and customary practices affecting the health of women and girls – in particular, female genital mutilation – have long been a target of intergovernmental, governmental and civil society concern, and a variety of measures has been introduced to address them and their harmful effects. However, the elimination of such practices requires greater efforts. Fundamental changes in societal attitudes are necessary. This requires national, regional and international efforts devised within the context of health, human rights and women's empowerment.

52. The establishment and/or the strengthening of a concrete mechanism within a Government for the implementation of national policies, including effective legal measures for the elimination of all forms of harmful traditional practices, are crucial to the creation of a conducive environment for the enforcement of legal measures and the organization of broad-based coordinated public education and awareness-raising programmes. This is also necessary so that progress can be monitored and research conducted so that appropriate, culturally sensitive, and effective strategies can be designed.

53. Relevant international and regional human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, should be ratified by Governments and the obligations established in those instruments fully implemented. National legal protections should be put in place and laws modified, so that harmful traditional or customary practices are discouraged effectively. In particular, Governments should review their national laws to ensure that women and girls are not adversely affected in this context by the coexistence and interaction of customary, religious and general laws. Laws in this context should be made widely known, both through educational curricula and as part of public awareness-raising campaigns. Governments should also introduce effective strategies for the implementation of the outcomes of the United Nations global conferences, in particular, the Fourth World Conference on Women. The Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Girls should also be fully implemented and support and information provided to the Special Rapporteur.

54. Education and public awareness-raising campaigns have been effective tools in the elimination of harmful traditional or customary practices. Primary and secondary education curricula should include discussion of the empowerment of women and their human rights and specifically address any harmful traditional or customary practices. The curricula of relevant professional groups, including those of nurses, midwives, and doctors, should include modules devoted to the issues raised in the context of harmful traditional or customary practices. Specific groups, including religious and community leaders and traditional healers, should be the target of sensitization campaigns and education and training. The media, including radio, television, print, theatre and traditional forms, should be encouraged to participate actively in public education campaigns.

55. Through consultations with communities and religious and cultural groups and their leaders, Governments should explore alternatives to harmful traditional or customary practices, particularly where those practices form part of a ritual ceremony or rite of passage. In addition, those who perform the practices should be provided with viable alternative means for income generation.

56. The important role of non-governmental organizations in addressing harmful traditional or customary practices should also be recognized and supported. Governments should encourage the collaboration and coordination of the efforts of non-governmental organizations and take steps to ensure that non-governmental organizations are appropriately funded. Governments should also cooperate and collaborate with such organizations in their programmes in the context of this issue.

57. The United Nations and regional bodies should also continue to support initiatives to eliminate traditional or customary practices affecting the health of women and girls, through collaboration with both Governments and non-governmental organizations.

58. Collaboration and coordination among human rights organizations and women's groups should be strengthened, with assistance from donor Governments and bodies of the United Nations system. Networking among Governments, national non-governmental organizations, foreign donors and bodies of the United Nations system should also be further developed, with a view to sharing information about best practices.

59. Donor countries and other bodies of the United Nations system which are not directly involved in the issue of harmful traditional practices can also help by providing developmental assistance to improve the social and economic status of disadvantaged communities, especially women and girl children, and by encouraging human rights education at all levels.

Notes

[1] A/CONF.157/24 (Part I), chap. III.

[2] *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex I.

[3] Ibid., annex II.

[4] *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[5] E/CN.4/Sub.2/1994/10/Add.1 and Corr.1.

[6] Resolution 34/180, annex.

[7] Resolution 44/25, annex.

[8] A/CONF.157/24 (Part I), chap. III.

[9] Resolution 445 C (XIV).

[10] See *Report of a Seminar on Traditional Practices Affecting the Health of Women and Children: Female Circumcision, Childhood Marriage, Nutritional Taboos, etc., Khartoum, Sudan, 10–15 February 1979*.

[11] A/CONF.157/24 (Part I), chap. III.

[12] Ibid., chap. I, para. 18.

[13] Ibid., chap. II, para. 48.

[14] *Report of the Fourth World Conference on Women ...*, chap. I, resolution 1, annex I.

[15] Ibid., annex II.

[16] See General Assembly resolution 48/104 of 28 December 1993.

[17] See *Report of the Fourth World Conference on Women ...*, chap. I, resolution 1, annex II, para. 113.

[18] Ibid., para. 124.

[19] Ibid., para. 259.

[20] Ibid., para. 276.

[21] *Report of the International Conference on Population and Development ...*, chap. I, resolution 1, annex.

[22] Ibid., chap. IV, B.

[23] Resolution 34/180, annex.

[24] See *Official Records of the General Assembly, Forty-ninth Session, Supplement No. 38* (A/49/38).

[25] See *Official Records of the General Assembly, Fiftieth Session, Supplement No. 38* (A/50/38).

[26] See *Official Records of the General Assembly, Fifty-first Session, Supplement No. 38* (A/51/38).

[27] See *Official Records of the General Assembly, Fifty-third Session, Supplement No. 38* (A/53/38).

[28] See "Report of the Committee on the Elimination of Discrimination against Women at its nineteenth session" (advanced unedited version).

[29] Ibid.

[30] Ibid.

[31] See *Official Records of the General Assembly, Forty-fifth Session, Supplement No. 38* (A/45/38).

[32] See *Official Records of the General Assembly, Forty-seventh Session, Supplement No. 38* (A/47/38).

[33] See *Official Records of the General Assembly, Forty-ninth Session, Supplement No. 38* (A/49/38).

[34] Resolution 44/25, annex.

[35] Ibid., article 24.3.

[36] See "Concluding observations of the Committee on the Rights of the Child: Ethiopia" (CRC/C/15/Add.67).

[37] See "Concluding observations of the Committee on the Rights of the Child: Bangladesh" (CRC/C/15/Add.74); "Concluding observations of the Committee on the Rights of the Child: Ghana" (CRC/C/15/Add.73); "Concluding observations of the Committee on the Rights of the Child: Togo" (CRC/C/15/Add.83); "Concluding observations of the Committee on the Rights of the Child: Uganda" (CRC/C/15/Add.80).

[38] Resolution 2200 A (XXI).

[39] See "Concluding observations of the Human Rights Committee: India" (CCPR/C/79/Add.81).

[40] See "Concluding observations of the Human Rights Committee: Senegal" (CCPR/C/79/Add.82).

[41] See "Concluding observations of the Human Rights Committee: Sudan" (CCPR/C/79/Add.85).

[42] See "Concluding observations of the Human Rights Committee: Zimbabwe" (CCPR/C/79/Add.89).

[43] E/CN.4/1995/42.

[44] Ibid., para. 67.

[45] Ibid., para. 144.

[46] E/CN.4/1996/53.

[47] Ibid., paras. 101 and 102.

[48] Resolution 1983/1, of 31 August 1983.

[49] E/CN.4/1986/42.

[50] E/CN.4/Sub.2/1991/48.

[51] E/CN.4/Sub.2/1994/10.

[52] E/CN.4/Sub.2/1994/10/Add.1 and Corr.1.

[53] E/CN.4/Sub.2/1995/6.

[54] E/CN.4/Sub.2/1996/6.

[55] E/CN.4/Sub.2/1994/10/Add.1 and Corr.1.

[56] E/CN.4/Sub.2/1997/10.

[57] E/CN.4/Sub.2/1998/11.

[58] See *Official Records of the Economic and Social Council, 1998, Supplement No. 7* (E/1998/27, E/CN.6/1998/12).

[59] Ibid., chap. I, B-IV.

[60] Ibid.

[61] Ibid.

[62] Occasional Paper No. 1 (1997). Addis Ababa, African Centre for Women.

[63] EGM/AGR/1997/Rep.1, para. 97.

[64] See "Guidelines for UNICEF action on eliminating female genital mutilation" (CS/EXD/1994-009).

[65] *Strategic Framework and Programming Guidelines to Eliminate Female Genital Mutilation* (New York, UNICEF, 1995).

[66] See "Report of the Technical Consultation on Female Genital Mutilation, 27–29 March 1996, Addis Ababa, Ethiopia" (E/500/1996/R/500/1997).

[67] See "Female genital mutilation" (WHO/FHE/94.4).

[68] Ibid.

[69] See "Female genital mutilation: report of a WHO technical working group, Geneva, 17–19 July 1995" (WHO/FRH/WHD/96.10).

[70] E/CN.4/Sub.2/1994/10/Add.1 and Corr.1.

[71] See *Refugee Children: Guidelines on Protection and Care* (Geneva, UNHCR, 1994).

[72] Ibid., p. 65.

[73] UNHCR/IOM/83/97 (UNHCR/FOM/90/97).

[74] *Guidelines on the Protection of Refugee Women* (Geneva, UNHCR, 1991), para. 55.

[75] See *Sexual Violence against Refugees: Guidelines on Prevention and Response* (Geneva, UNHCR, 1995).

[76] See the UNHCR homepage on issues regarding women: www.unhcr.ch/issues/women/women.htm

[77] See "Trust Fund in Support of Actions to Eliminate Violence against Women", a document prepared for the Programme Approval Committee of UNIFEM, at its second session, November 1997.

[78] *Report of the Fourth World Conference on Women, Beijing ...*, chap. I, resolution 1, annex I, para. 297.

[79] "Draft national plan of action", Botswana, Ministry of Labour and Home Affairs, Department of Culture and Social Welfare, Women's Affairs Division, 1996.

[80] Ibid.

[81] See "Concept for the improvement of the status of women in the Russian Federation" (translation), Russian Federation, 1996.

[82] E/CN.4/1996/53.

[83] "Statement to the Folketing on follow-up at national and international levels to the United Nations Fourth World Conference on Women", para. 20, Denmark, Ministry of Foreign Affairs.

[84] See *Inter-African Committee Newsletter No. 23* (June 1998).

[85] Ibid.

[86] Ibid.

[87] Ibid.

[88] Ibid.

[89] See *Programme for the Development of Chinese Women (1995–2000)*, China.

[90] See *Continued Progress: National Report on the Status of Women in Israel*, Israel, Office of the Prime Minister, Prime Minister's Adviser on the Status of Women, March 1997.

[91] E/CN.4/Sub.2/1998/11, paras. 42-54.

[92] See Amnesty International Index: ACT/77/13/97, United Kingdom.

[93] Ibid.

[94] See *Reproductive Freedom in Focus*, New York, Center for Reproductive Law and Policy.

[95] Amnesty International Index: ACT/77/13/97, United Kingdom.

[96] Ibid.

[97] See *National Policy on Ethiopian Women* (Addis Ababa, Office of the Prime Minister, Transitional Government of Ethiopia), September 1993.

[98] See *Women's Action 8.4* (Update – February 1998), New York, Equality Now.

[99] *WIN News*, vol. 24, No. 3 (Summer 1998), Women's International Network.

[100] *WIN News*, vol. 24, No. 1 (Winter 1998), Women's International Network.

[101] See "Eradicating female genital mutilation: lessons for donors", Occasional Paper No. 1, Washington, D.C., Wallace Global Fund, 1997.

[102] *The New York Times*, 16 June 1998.

[103] See para. 38 above.

[104] *Women's Action 14.1* (March 1998), New York, Equality Now.